

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-7-00
O.I.P.E. CLASSIFIER	AK	829	09/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 II ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1			1-24/01
2			4/9/01
3			9/2/01
4			7/2/02
5			4/8/03
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If more than 150 claims or 10 actions  
staple additional sheet here

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